

## THE TREATMENT OF ARTERIOSCLEROSIS.\*

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Coronary sclerosis with or without sclerosis and insufficiency of the aortic valves is to be treated with digitalis, provided no serious cerebral arteriosclerosis is present. The signs of coronary sclerosis causing cardiac weakness are: Angina pectoris, cardiac asthma, severe dyspnoea, in conjunction with the signs of aortic involvement expressed by systolic aortic roughening, accentuation of the second aortic tone, and when the aortic valves are shrunken, the presence of a diastolic murmur over this area. Occasionally, an area of dulness is found over the dilated ascending aorta. Tincture of strophanthus may be used when prolonged medication is required. Digalen is of value in cases where rapid effect is desired. Full blooded, vigorous individuals, suffering with these attacks, may be put on a milk diet with digitalis for five or six days with good results. Digitalis is of value in those cases of angina pectoris where there is a disturbance of the heart's force and frequency, chiefly. It is of value in all cases of cardiac asthma. Here it may be necessary in addition, to give a narcotic and stimulant at bed time for the nightly attacks of asthma. Morphine is to be used only where absolutely necessary. Codeine or dionine and nitroglycerin are valuable in this connection, the last named often being prophylactic. Frequently, abdominal fulness and distress are present in plethoric cases, and should be treated by catharsis and digitalis.

Interstitial nephritis is a condition frequently met with, and here digitalis and its congeners are often of value, but its administration requires more care and should be combined with diuretics.

Carbonated baths at 92 to 95 degrees F. are of value in mild cases of arteriosclerosis, but not good for severe cases or extremely nervous cases.

Gymnastics must be carefully graduated and watched. When so given, great benefit is to be had. Otherwise, more harm than benefit accrues.

Cerebral arteriosclerosis gives rise to a feeling of fulness and heaviness in the head. The patient wakes earlier than usual, frequently with a feeling of great anxiety and precordial distress. During the day these attacks may come on resembling pseudoangina pectoris. Vertigo and digestive disturbances may arise. Mental activity and memory diminish and a change in disposition is noticed. These various neurasthenia-like symp-

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